

2274

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Gila</u>	BUREAU OF VITAL STATISTICS	114	State Index No. <u>587</u>
District of <u>Globe</u>	ORIGINAL CERTIFICATE OF BIRTH		Co. Register No. <u>596</u>
Town of <u>Globe</u>	Local Registrar's No. _____		
or City of <u>Globe</u>	(No. _____)	St. _____	Ward _____
FULL NAME OF CHILD <u>Henry Newman Wischmeyer</u>		Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Allve	NO
Sex of Child <u>Male</u>	Twin, Triplet or other <u>other</u>	and	Number in order of birth _____
			Legitimate? <u>yes</u>
			Date of Birth <u>Oct 2</u> 191 <u>7</u>
			(Month) (Day) (Yr.)
FATHER		MOTHER	
Full Name <u>Henry F. Wischmeyer</u>		Full Maiden Name <u>Milched Newman</u>	
Residence <u>Globe, Arizona</u>		Residence <u>Globe, Arizona</u>	
Color or Race <u>German</u>		Color or Race <u>white</u>	
Age at last Birthday <u>46</u> (Years)		Age at last Birthday <u>35</u> (Years)	
Birthplace <u>Germany</u>		Birthplace <u>Jamaica</u>	
Occupation <u>miner</u>		Occupation <u>Housewife</u>	
Number of child of this mother _____		Number of children, of this mother, now living _____	
		Were precautions taken against Ophthalmia neonatorum? _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on <u>Oct 7</u> 191 <u>7</u> , at <u>12:30</u> P.M.			
{ *When there is no attending physician or midwife, then the householder should make this return.			
Given or christian name added from a supplemental report _____ 191 <u>7</u>		(Signature) <u>B. G. Fox</u>	
		(Attending physician, midwife, householder, etc.)	
		Address <u>Globe, Arizona</u>	
869-1002-455		B. G. Fox	
COUNTY REGISTRAR.		LOCAL REGISTRAR.	
Filed <u>Jan 5</u> 191 <u>8</u>		True Copy	
Filed <u>Jan 6</u> 191 <u>8</u>		B. G. Fox	
		COUNTY REGISTRAR.	